

10/632,176.

PATENT



Practitioner's Docket No. 062020-1440

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Number: 7,023,065 B2

Issued: April 4, 2006

Name of Patentee: Ayazi et al.

Title of Invention: Capacitive Resonators and Methods of Fabrication

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Attention: Decision and Certificate of Correction
Branch of the Patent Issue Division

Certificate
MAY 17 2006
of Correction

REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT
FOR APPLICANT'S MISTAKE (37 C.F.R. § 1.323)

1. It is noted that an error appears in this patent of a

☐ clerical

05/16/2006 CNGUYEN2 00000015 200778 7023065

☒ typographical

01 FC:1811 100.00 DA

☒ minor

nature or character, as more fully described below. It occurred in good faith. Correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination. A certificate of correction is requested.

2. Attached, in duplicate, is Form PTO-1050, with at least one copy being suitable for printing.

NOTE: Form PTO-1050, using the column and line number in the printed patent, should be used exclusively regardless of the length or complexity of the subject matter. M.P.E.P. § 1485.

NOTE: The patent grant should be retained by the patentee. The PTO does not attach the certificate of correction to the patentee's copy of the patent. The patent grant will be returned to the patentee if submitted. M.P.E.P. § 1485.

3. The exact page and line number where the error occurs in the application file are:

MAY 17 2006

NOTE: This information should be identified in this request, however, on Form PTO-1050, only the column and line number in the printed patent should be used. MPEP §1485.

In the Specification

In column 10, line 2, change "602" to --650--.

In column 10, line 3, change "604" to --652--.

In column 10, line 7, add "by line 654" after "shown".

In the Claims

In claim 14, line 13, after the word "coating" remove "the".

In claim 16, line 44, after the word "substrate" remove ";" and change to --,--.

In claim 28, line 3, after the word "the" remove "semiconductor-on-substrate" and change to --semiconductor-on-insulator substrate--.

4. Please send the Certificate to:

Name: **Scott A. Horstemeyer**

Address: **Thomas, Kayden, Horstemeyer & Risley, LLP**

100 Galleria Parkway, N.W., Suite 1750, Atlanta, GA 30339

5. Please pay the fee of **\$100.00**, as required by 37 CFR 1.20(a), as follows:

☐ Enclosed is a check for \$.

☒ Charge the Deposit Account 20-0778 the sum of \$100.00. A duplicate of this request is attached.



SIGNATURE OF PRACTITIONER

David Rodack; Reg. No. 47,034

(type or print name of practitioner)

Tel. No.: (770) 933-9500

Thomas, Kayden, Horstemeyer & Risley, LLP
100 Galleria Parkway, N.W., Suite 1750
Atlanta, GA 30339-5948

Customer No.: 24504

NOTE: The certificate of correction for applicant's mistake may be signed by the attorney of record, unlike that for PTO mistake where the patentee or an owner of an interest in the invention must make the request.

MAY 17 2006

**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**

Patent No.: 7,023,065 B2
Dated: April 4, 2006
Inventor(s): Ayazi, et al.

It is certified that errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below.

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MAILING ADDRESS OF SENDER:

Patent No.: 7,023,065 B2

THOMAS, KAYDEN, HORSTEMEYER & RISLEY, L.L.P.
100 Galleria Parkway, Suite 1750
Atlanta, Georgia 30339

No. of additional copies



1

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.13. The collection is estimated to take 1 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, U.S. Patent and Trademark Office, P.O. Box 1450, Arlington, Virginia 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and selection option 2.

MAY 17 2006

**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**

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If you need assistance in completing the form, call 1-800-PTO-9199 and selection option 2.

MAY 17 2006



CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**ATTN: Certificate of Corrections Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

on May 10, 2006

Marianne Boland
Marianne Boland

Practitioner's Docket No. **062020-1440**

Patent Number: **7,023,065 B2**

Issued: **April 4, 2006**

Name of Patentee: **Ayazi et al.**

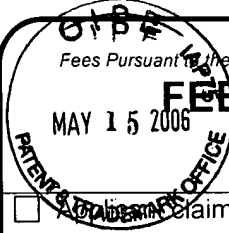
Title of Invention: **Capacitive Resonators and Methods of Fabrication**

The following is a list of documents enclosed:

Return Postcard
Request for Certificate of Correction
Certificate of Correction (& Original Duplicate)
Fee Transmittal
Charge Deposit Account No. 20-0778 in the amount of \$100.00

MAY 17 2006

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

<div style="text-align: center;">  <p>FEE TRANSMITTAL For FY 2006</p> </div> <p>Effective on 12/08/2004 Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT (\$100.00)</p>	Complete if Known	
	Patent No.	7,023,065 B2
	Issue Date:	April 4, 2006
	First Named Inventor	Ayazi
	Examiner Name	Kang, Donghee
Art Unit	2811	
		Attorney Docket No. 062020-1440

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify):

☒ Deposit Account
 Deposit Account Number: **20-0778**
 Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s)
☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESSIVE CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =		0	0			
HP = highest number of total claims paid for, if great than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-3 or HP =		0	0			
HP = highest number of total claims paid for, if great than 3						

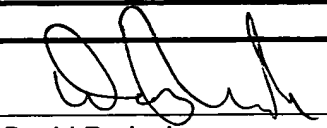
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	=	0

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other: Request For Certificate of Correction	100.00

SUBMITTED BY		Complete (if applicable)	
Signature		Registration No. 47,034	Telephone Number 770-933-9500
Name: (Print/Type)	David Rodack	Date:	5-10-06